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MARGIN RESERVED FOR BINDING

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health		BUREAU OF VITAL STATISTICS		State File No. <u>95</u>	
1. PLACE OF DEATH		County <u>Graham</u>		State <u>ARIZONA</u>		Registered No. <u>65</u>	
Township <u>La Grange</u>		City <u>Thatcher</u>		or Village <u>St. Ward</u>			
Length of residence in city or town where death occurred <u>1</u> yrs. <u>0</u> mos. <u>0</u> ds.		How long in U. S. if of foreign birth? <u>1</u> yrs. <u>0</u> mos. <u>0</u> ds.		How long in State when death occurred? <u>1</u> yrs. <u>0</u> mos. <u>0</u> ds.			
2. FULL NAME		Full Name <u>Richardson</u>		Residence: No. <u>Thatcher</u>		St. <u>Ward</u>	
		(Usual place of abode)		(If non-resident give city or town and state)			
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word) <u>single</u>		21. DATE OF DEATH (month, day, and year) <u>July 1, 1939</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>no</u>		6. DATE OF BIRTH (month, day, and year) <u>July 1, 1939</u>		22. I HEREBY CERTIFY That I attended deceased from <u>July 1, 1939</u> to <u>July 1, 1939</u>			
7. AGE	Years <u>0</u>	Months <u>0</u>	Days <u>0</u>	I last saw h. alive on <u>July 1, 1939</u> ; death is said to have occurred on the date stated above, at <u>5:00 a.m.</u>			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		The principal cause of death and related causes of importance were as follows: <u>Still birth</u>		Date of Onset	
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation		Other contributory causes of importance:			
12. BIRTHPLACE (city or town) (State or Country) <u>Thatcher</u>		13. NAME <u>Jal & Mary Richardson</u>		Name of operation <u>Placental</u>		Date of <u>July 1, 1939</u>	
14. BIRTHPLACE (city or town) (State or Country) <u>Thatcher</u>		15. MAIDEN NAME <u>Polk</u>		What test confirmed diagnosis <u>Placental</u>		Where an autopsy? <u>no</u>	
16. BIRTHPLACE (city or town) (State or Country) <u>Thatcher</u>		17. INFORMANT (Address) <u>Joe B. Richardson</u>		23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>no</u>		Date of injury <u>July 1, 1939</u>	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Thatcher</u> Date <u>7/1/39</u>		19. EMBALMER License No. <u>Richardson</u> Signature <u>Richardson</u>		Where did injury occur? (Specify city or town, county and State) <u>Thatcher</u>		Specify whether injury occurred in industry, in home, or in public place.	
20. Filed <u>Aug 8, 1939</u>		21. REGISTRAR <u>J. W. Butler</u>		Manner of injury <u>Still birth</u>		Nature of injury <u>Still birth</u>	
				24. Was disease or injury in any way related to occupation of deceased? <u>no</u>			
				If so, specify <u>Still birth</u>			
				(Signed) <u>J. W. Butler</u>		M. D.	
				(Address) <u>Thatcher</u>			